

# RECEIVED

10/24/2013 15:38 9897735798

LEASEMANAGEMENT

OCT 28 2013

PAGE 03/11

## UNITED STATES ENVIRONMENTAL PROTECTION AGENCY STANDARD ANNULAR PRESSURE TEST

### UIC BRANCH EPA, REGION 5

Operator Lease Management, Inc.

State Permit No. 10187

Address P.O. Box 290

USEPA Permit No. MI-133-20-0007

Mount Pleasant, MI 48804-0290

Date of Test 10-24-13

Well Name Wm. Howe #1

Well Type 2D

### LOCATION INFORMATION

5/2 Quarter of the SE Quarter of the SW Quarter  
of Section 31; Range 19N; Township 9W; County Oscoda

Company Representative Rick Pieratt / Al Spencer; Field Inspector Unwitnessed

Type of Pressure Gauge \_\_\_\_\_ inch face; \_\_\_\_\_ psi full scale; \_\_\_\_\_ psi increments;

New Gauge? Yes ☐ No ☒ If no, date of calibration 1-10-2013 Calibration certification submitted? Yes ☒ No ☐

### TEST RESULTS

Readings must be taken at least every 10 minutes for a minimum of 30 minutes for Class II, III and V wells and 60 minutes for Class I wells.

For Class II wells, annulus pressure should be at least 300 psig. For Class I wells, annulus pressure should be the greater of 300 psig or 100 psi above maximum permitted injection pressure.

Original chart recordings must be submitted with this form.

5-year or annual test on time? Yes ☒ No ☐

2-year test for TA'd wells on time? Yes ☐ No ☐

After rework? Yes ☐ No ☒

Newly permitted well? Yes ☐ No ☒

Time	Pressure (in psig)	
	Annulus	Tubing
9:25A	368	0
9:35A	365	0
9:45A	365	0
9:55A	364	0

Casing size 4 1/2  
Tubing size 2 3/8  
Packer type Baker AD-1  
Packer set @ 2870'  
Top of Permitted Injection Zone \_\_\_\_\_  
Is packer 100 ft or less above top of \_\_\_\_\_  
Injection Zone? Yes ☒ No ☐  
If not, please submit a justification.  
Fluid return (gal.) 2 gals

Comments:

Test Pressures: Max. Allowable Pressure Change: Initial test pressure x 0.03 11.04 psi  
Test Period Pressure change 4 psi

Test Passed ☒ Test Failed ☐

If failed test, well must be shut in, no injection can occur, and USEPA must be contacted within 24 hours. Corrective action needs to occur, the well retested, and written authorization received before injection can recommence.

I certify under penalty of law that this document and all attachments are, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See 40 CFR 144.32(d))

Richard Pieratt

Printed Name of Company Representative

Richard Pieratt  
Signature of Company Representative

10-24-13  
Date

unwitnessed  
ok RRM 10/25/13